

# NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 02/11/18	Job description	Date & Time Completed	Done by
Ref No: NA/CTI18019983/13	SAS e-filing		
Veh No: GY6905R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 02/11/18 1415	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Prefatred Wksp / INC Assign Wksp / QW: ( J MARI Tel: Fax: )

TP Particulars:	Veh No: SKB6689H	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( ) Date: Time: ( )		
Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]		
Year of Registration: ( ) Warranty: YES ( ) / NO ( )		
Excess: (\$) Loading: \$1,000 ( ) / \$2,000 ( )		

General Remarks:-  
 ( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.  
 ( ) Total Loss Case : to e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury : \_\_\_\_\_

Date/Time	Actions

NA1807188		Invoice Preparation Checklist		Ant (\$)	Ant (\$)
				In Bill	Add Bill
Claimant's Particulars:-		1) AR: Accident Reporting (\$30);			
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TF: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors Comments:-		For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:		6) TR: Re-inspection \$75			
2/3:		7) N1: Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		OD:			
		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
		TP (N11): TP (N11) against INC \$20			
		9) N12: Idac Mobile 30			
		Invoice dated Fee Charged			
		Invoice dated Fee Charged			



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	03/11/2018 10:27
Date Of Accident	02/11/2018 14:15
Exact Location Of Accident	TAMPINES AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY6905K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M S GUAN TECK IMPORT & EXPORT PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98823755

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3042861803
Cover Note Number	

### Driver

Name of Driver	LUM HONG WAH
NRIC No	S6821916G
Date Of Birth	29/05/1968
Occupation	OUTDOOR
Date Of Driving Pass	23/08/1988
Driving Experience	30 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98823755
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 836 WOODLANDS ST 83 #08-139
Postcode	730836
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

STOPPED STATIONARY AT THE TRAFFIC LIGHT JUNCTION DUE TO THE TRAFFIC LIGHT WAS RED. SUDDENLY MY VEH REAR PORTION BEING COLLIDED BY VEH B.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB6689H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHD FAIZAL BIN MOHD FIROZ
NRIC/Passport Number	S7305236Z
Contact Number	91000951
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

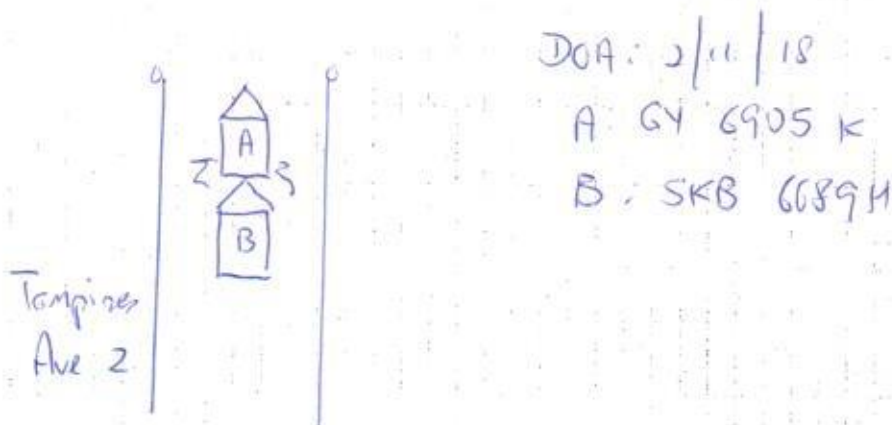
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Stopped stationary at the traffic light junction due to the traffic light was red, suddenly my veh rear portion being collided by veh B.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Personal Particulars

Date of Accident: 2/11/18 Time of Accident: 2.15 pm  
Exact Location of Accident: Tampines Ave 2  
Owner's Name: Gum Teck Import Export NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_  
Driver's Name: Lum Hong Nah NRIC No: 56821916 HP No: 98823755  
Date of Birth: 29/5/1968 Driving Licence Passing Date: \_\_\_\_\_ Occupation: Indoor / Outdoor  
Address: BK 836 Woodlands St 83 # 08-139 (730836)  
Relationship of Driver with Insured: Driver Email Address: \_\_\_\_\_  
Vehicle No: G4 6905K Make & Model: Toyota  
Insurance Co: China Taiping Coverage: Third Party Policy No: \_\_\_\_\_

\*Purpose of Reporting? ☒ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☐ Private Use / ☒ Work

\*Weather Condition? ☒ Clear / ☒ Raining / Others: \_\_\_\_\_ ☒ Wet / ☐ Dry / Others: \_\_\_\_\_

\*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + 0 B: 1 + 2 C: \_\_\_\_\_ D: \_\_\_\_\_

\*Was Anybody Injured? (Yes / ☒ No) If yes,

Name / NRIC / In Vehicle: \_\_\_\_\_

\*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? \_\_\_\_\_

\*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: \_\_\_\_\_ insurer: \_\_\_\_\_

\*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: \_\_\_\_\_

\*Was there any video captured by Car Camera? (Yes/☒ No)

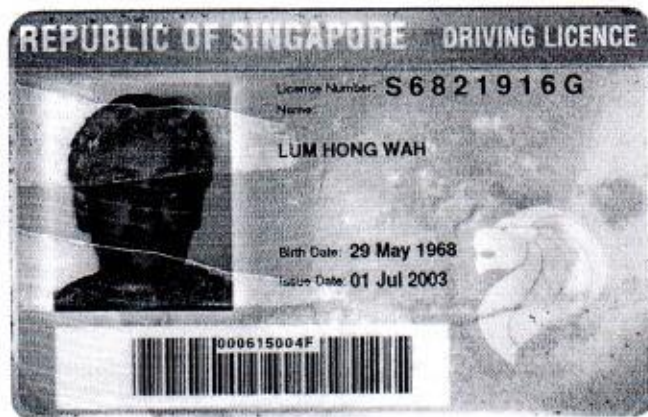
Third Party Driver's Particulars

Vehicle B No: SKB 6689H Make & Model: \_\_\_\_\_  
Driver's Name: Mohd Faizal Bin Mohd Firoz NRIC No: 573052367 HP No: 91011951  
Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

**Class 3** Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

**23 Aug 1900**



NP 428A



## CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMDVSN3042861803	Engine No : 5L5595634 Chassis No: JTFUF34Y203010715
1. Index Mark and Registration Number of Vehicle	GY6905K	
2. Name of Policy Holder	M S GUAN TECK IMPORT & EXPORT PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	6 JULY 2018	
4. Date of Expiry of Insurance	5 JULY 2019	
5. Persons or Classes of Persons entitled to drive *		

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

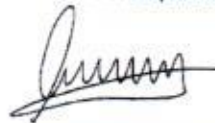
6. Limitations as to use: \*

- (1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
  - (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
  - (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.
- THE POLICY DOES NOT COVER
- (1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING
  - (2) USE WHILE DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).  
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By:

\_\_\_\_\_  
Authorised Officer

\_\_\_\_\_  
Authorised Signatory